

JC05 Rec'd PCT/PTO 17 JUN 2005

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PHOTON COUNTING IMAGING DEVICE
Attorney Docket Number::	2002P19586WOUS
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWISS
Status:: Full Capacity
Given Name:: CHRISTIAN
Middle Name::
Family Name:: BROENNIMANN
City of Residence:: EHRENDINGEN
State or Province of Residence::
Country of Residence:: SWITZERLAND
Street of Mailing Address:: IM BUEHL
1
City of Mailing Address:: EHRENDINGEN
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: 5420

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMAN
Status:: Full Capacity
Given Name:: BERND
Middle Name::
Family Name:: SCHMITT
City of Residence:: ZUERICH
State or Province of Residence::
Country of Residence:: SWITZERLAND
Street of Mailing Address:: IM TIERGARTEN
59
City of Mailing Address:: ZUERICH
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: 8055

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

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Family Name::
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State or Province of Residence::
Country of Residence::
Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 28204

Representative Information

Representative Customer Number:: 28204

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003P008886	11/8/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	03 000 359.4	01/10/2003	Yes
EP	03 000 358.6	01/10/2003	Yes
EP	03 001 143.1	01/21/2003	Yes

Assignment Information

Assignee Name:: PAUL SCHERRER INSTITUT

Street of Mailing Address::

City of Mailing Address:: VILLIGEN PSI

State or Province of Mailing Address::

Country of Mailing Address:: SWITZERLAND

Postal or Zip Code of Mailing Address:: 5232